C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-maii: fsb@dhw.idaho.gov

August 27, 2010

Gary Moore State Hospital North 300 Hospital Drive Orofino, ID 83544

RE: State Hospital North, provider #43506

Dear Mr. Moore:

This is to advise you of the findings of the complaint investigation, which was concluded at your facility on August 13, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the POC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the State Form -2567.

After you have completed your Plan of Correction, return the original to this office by **September 9, 2010**, and keep a copy for your records.

Gary Moore, Administrator August 27, 2010 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

GARY GUILES

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/srm

Enclosures

Bureau of Facility Standards

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	Gary Guiles, RN, H Patrick Hendrickso						
	Acronyms used in t	•					1470
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	equivalent, that has	l. organized governing l s ultimate authority a	nd				
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.	bylaws in accordan	verning body shall a ce with Idaho Code, sibility, and identify th	·		SEP 09	2010	
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

43506

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

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08/13/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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BB115	Continued From page 1		BB115		
	i. Specify frequency of meetings. (10-14-	-88)			
	ii. Meet at regular intervals, and there is attendance requirement. (10-14-88)	an			
	iii. Minutes of all governing body meeting be maintained. (10-14-88)	gs shall			
	c. Committees, (12-31-91)				
i. The governing body officers shall appoint committees as approprlate for the size and scope of activities in the hospitals. (10-14-88)					
,	ii. Minutes of all committee meetings shall be maintained, and reflect all pertinent business. (10-14-88)				
•	d. Medical Staff Appointments and Reappointments; (12-31-91)				
	i. A formal written procedure shall be established for appointment to the medical staff. (10-14-88)				
ii. Medical staff appointments shall include an application for privileges, signature of applicant to abide by hospital bylaws, rules, and regulations, and delineation of privileges as recommended by the medical staff. The same procedure shall apply to nonphysician practitioners who are granted clinical privileges.		oplicant to ulations, ended by ohysician			
	iii. The procedure for appointment and reappointment to the medical staff shall the administrator, medical staff, and the governing body. Reappointments shall be at least biannually. (10-14-88)	1			
	iv. The governing body bylaws shall app	rove			

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING С B, WING 43506 08/13/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 HOSPITAL DRIVE STATE HOSPITAL NORTH OROFINO, ID 83544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) BB115 Continued From page 2 BB115 medical staff authority to evaluate the professional competence of applicants, appointments and reappointments, curtailment of privileges, and delineation of privileges. (10-14-88)v. Applicants for appointment, reappointment or applicants denied to the medical staff privileges shall be notified in writing. (10-14-88) vi. There shall be a formal appeal and hearing mechanism adopted by the governing body for medical staff applicants who are denied privileges, or whose privileges are reduced. (10-14-88)e. The bylaws shall provide a mechanism for adoption, and approval of the organization bylaws, rules and regulations of the medical staff. (10-14-88)f. The bylaws shall specify an appropriate and regular means of communication with the medical staff. (10-14-88) g. The bylaws shall specify departments to be established through the medical staff, if appropriate. (10-14-88) h. The bylaws shall specify that every patient be under the care of a physician licensed by the Idaho State Board of Medicine. (10-14-88) i. The bylaws shall specify that a physician be on duty or on call at all times. (10-14-88) The bylaws shall specify to whom responsibility for operations, maintenance, and hospital practices can be delegated and how

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BB115	accountability is es k. The governing be executive officer or designate in writing the operation of the administrator. (10-1. Bylaws shall be digoverning body. (10-1. Bylaws shall be practitioners shall to physician. (10-14-88) This Rule is not missed on staff interecords and hospital fair specified every pat physician licensed Medicine. The hospital fair specified every pat physician licensed Medicine. The hospital specified every pat physician. This resinvolvement in pati include: 1. Hospital bylaws the hospital be und instead, the bylaws independently care. The "BYLAWS OF dated 2/25/09, stat Hospital policy that care of a physician.	tablished. (10-14-88) ody shall appoint a classification, and so who will be response hospital in the absence 14-88) ated and signed by the	nief hall ible for nce of the he current he current an care of a hedical rmined aws e of a bard of sure 2 of yere y a Nurse e of a rsician ngs atlents at ician. to be oners. BODY," is ler the ensed	BB115	SHN Bylaws amended to s "that a physician will duty or call at all tim "That patients being tr non-physician practitio shall be under the gene of a physician."	be on es." eated by ners	10/31/10

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Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING С B, WING 43506 08/13/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 HOSPITAL DRIVE** STATE HOSPITAL NORTH OROFINO, ID 83544 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) **BB115** BB115 Continued From page 5 schizophrenia-paranoid type. The Psychiatric Evaluation was written by the NP. "Practitioner Progress Notes" were written by the NP on 5/07/10, 5/21/10, and 5/28/10. A Practitioner Progress Note, dated 6/09/10, was written by a physician. The rest of the Practitioner Progress Notes, dated 6/24/10, 7/02/10, and 7/29/10, were written by the NP. Except for the note dated 6/09/10, no documentation was present that a physician had examined Patient #2 or participated in his care. The NP was interviewed on 8/13/10 at 10:30 AM. He confirmed the documentation for Patient #8. He stated Patient #8 was under his care and not under the care of a physician. BB283 16.03.14.360.12 Record Content BB283 Record Content. The medical records shall contain sufficient information to justify the diagnosis, warrant the treatment and end results. The medical record shall also be legible, shall be written with ink or typed, and shall contain the following information: (10-14-88) a. Admission date; and (10-14-88) b. Identification data and consent forms; and (10-14-88)c. History, including chief complaint, present illness, inventory of systems, past history, family history, social history and record of results of physical examination and provisional diagnosis that was completed no more than seven (7) days before or within forty-eight (48) hours after admission; and (5-3-03) d. Diagnostic, therapeutic and standing orders;

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	physician; and (10- iii. Progress notes of personnel; and (10- iv. Progress notes of personnel. (10-14-4) f. Reports of special not limited to: (10-14- i. Clinical and patholand (10-14-88) ii. X-ray interpretation. E.K.G. interpretation. E.K.G. interpretation. Final diagnosis; a ii. Condition on discuit. Clinical resume (10-14-88)	written by the nursing -14-88) written by allied healt 38) al examinations include 4-88) blogical laboratory finons; and (10-14-88) ations. (10-14-88) ch include the following	th ding but dings; ng:					
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BB283	progress notes, he had not written som frequently as he sh 2. Patient #8's med year old male who on 5/05/10 and was 8/13/10. His "Psyc 5/06/10, listed his dischizophrenia-para Evaluation was written brogress Notes" was 5/07/10, 5/21/10, at Progress Note, date physician. The res Notes, dated 6/24/written by the NP. The NP was intervithe confirmed the ir notes. 3. The policy "Heal last reviewed 6/03/patient is seen by the for the first two (2) least monthly there been followed for Patient is seen followe	the infrequency of the stated he had been in the progress notes as ould have. Ical record document was admitted to the last currently a patient a chiatric Evaluation, deliagnosis as moid type. The Psychen by the NP. "Practice written by the NP and 5/28/10. A Practited 6/09/10, was writted to fithe Practitioner F10, 7/02/10, and 7/29 and 7/29 are well on 8/13/10 at 10 frequency of the progress o	ted a 44 hospital as of ated hiatric ctitioner on tioner en by a Progress v/10, were 10:30 AM. gress gement," at that the st weekly ion and at ad not	BB283				

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director GARY M. MOORE – Administrative Director STATE HOSPITAL NORTH 300 Hospital Drive Orofino, ID 83544 PHONE 208-476-4511 FAX 208-476-7898

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September 21, 2010

FACILITY STANDARDS

Gary Guiles, R.N. Health Facility Surveyor Bureau of Facility Standards P.O. Box 83720 Boise, ID 83720-0009

Dear Mr. Guiles:

This letter is to provide more detail to our provider plan of correction response following your complaint investigation and letter dated August 13, 2010.

BB115: 1. Hospital bylaws did not require that patients at the hospital be under the care of a physician.

Action: The IDAPA 16.03.14 regulation "Patients being treated by non-physician practitioners shall be under the general care of a physician" was added to the Medical Staff Bylaws, Article V: Delineation of Privileges, and to the Rules and Regulations, Part I, Admission of Patients.

All patients admitted to State Hospital North will be under the care of a physician. The Clinical Director is responsible for assigning the admissions to a member of our Active Medical Staff. If that practitioner is a non-physician, the attending physician will oversee and supervise the care of that patient. All psychiatric evaluations provided by a qualified non-physician will be reviewed and countersigned by a physician. Physicians attend weekly multidisciplinary team meetings to receive updates, to review all patients' course of hospitalization, and determine treatment progress. A physician will have face to face interaction with the patient periodically throughout the course of hospitalization and such interaction will be noted in the medical record.

BB283: Inability of the hospital to provide evidence of patients care. In addition to stated plan of correction, the staff member responsible for routine and, in this case, extended Utilization Review is Susan Compton (not Marilyn Fish).

I hope this answers any questions you had and I am sorry that my initial response was too brief.

Gary Guiles, Facility Surveyor Page 2 9/21/10

Please let me know if I need to cover our corrective actions in more detail. We plan to have a special Hospital Board meeting in October to approve our Medical Staff Bylaws and Medical Staff Rules and Regulations changes.

Sincerely,

Gary M. Moore

Administrative Director State Hospital North

GM/le

September 27, 2010

A telephone call was placed to Gary Moore, Administrative Director for State Hospital North, at 11:00 AM today. He stated the Clinical Director would monitor physicians to ensure the plan of correction for BB115 was implemented and patients remained under the care of a physician.

Gary Guiles, RN, HFS